

## MAPE Local \_\_\_\_\_ Audit Committee Report

*Please review the MAPE Reimbursement Policy, Donations Policy, and Local Checkbook Policy prior to completing this form.*

Date Audit Performed \_\_\_\_\_

Expense period from January 1, \_\_\_\_\_ to December 31, \_\_\_\_\_

Check numbers from \_\_\_\_\_ to \_\_\_\_\_

Number of Checks written \_\_\_\_\_

Number of Debit Card transactions \_\_\_\_\_

The following documentation is attached:

- Expense Reconciliation Form
- Explanation for any exceptions

Has year-end bank reconciliation been prepared (balance local check register to bank balance)?

Yes \_\_\_\_ No \_\_\_\_

Have all expenditures been submitted for reimbursement to MAPE Central to replenish the checking account?

Yes \_\_\_\_ No \_\_\_\_ If no, please attach a list of exceptions.

Were supporting documents provided for all payments made?

Yes \_\_\_\_ No \_\_\_\_ If no, please attach a list of exceptions.

Did ALL supporting documents contain the required signatures?

Yes \_\_\_\_ No \_\_\_\_ If no, please attach a list of exceptions.

Were expenditures incurred during the year in accordance with the local budget?

Yes \_\_\_\_ No \_\_\_\_ If no, please attach a list of exceptions.

Were all expenditures incurred allowable under MAPE's expense policies and in accordance with the Local Checkbook Policy?

Yes \_\_\_\_ No \_\_\_\_ If no, please attach a list of exceptions.

I acknowledge that I have reviewed the above described financial information and have answered the questions truthfully and accurately based on the information available.

Reviewer signature \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_

Reviewer signature \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_

Reviewer signature \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_